MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/009105   FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1					
2		1				
3		2				
4	1					
5		1				
6	1					
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23						
24	1					
25		1				
26			1			
27				1		
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41				1		
42				1		
43				1		
44				1		
45			1			
46				1		
47			1			
48						
49				1		
50						
TOTAL IND.	4		4			
TOTAL DEP.	22		20			
TOTAL CLAIMS	26		24			

		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	51						
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	99						
	100						
	TOTAL IND.						
	TOTAL DEP.						
	TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 2-78)